

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:     Lewis M. Nashner

Application No.: 09/145,255

Group No.: 3736

Filed: 09/01/1998

Examiner: Hindenburg, Max

For: Apparatus and Method for Movement Coordination Analysis

***RESPONSE UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
3736***

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL**

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

**STATUS**

2. Applicant is a small entity. A statement was already filed.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)			SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE		
TOTAL	10	MINUS	20	= 0	x	\$ 25.00	= \$	0.00	
INDEP	3	MINUS	11	= 0	x	\$ 100.00	= \$	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+	\$ 0.00	= \$	0.00	
TOTAL							\$	0.00	
ADDIT. FEE									

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 19-4972.

If any additional fee for claims is required, charge Account No. 19-4972.

Date: August 17, 2007

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